

IMPACT OF LANGUAGE BARRIER ON ACUTE CARE MEDICAL PROFESSIONALS IS DEPENDENT UPON ROLE

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Communication with patients is essential to providing quality medical care. The study was conducted to evaluate the effects of language barriers on health care professionals. It is hypothesized that these language barriers are commonly perceived by health care professionals and they are a source of workplace stress in acute care environments. We designed and distributed a survey tool of staff experiences and attitudes regarding the English-Spanish language barrier among patients in an acute care surgical environment of a tertiary medical center. Responses were anonymous, stratified by professional role and comparisons made using paired *t* tests. Sixty-one nurses and 36 physicians responded to the survey. Overall, 95% of nurses reported that the language barrier was an impediment to quality care, whereas 88% of physicians responded similarly ($P = .0004$). More nurses than physicians report experiencing stress (97% vs. 78%) and the degree of stress appears to be greater for nurses ($P < .0001$). The basis of stress was unique between the two groups. This study demonstrates that acute care hospital medical professionals perceive language barriers as an impediment to quality care delivery and as a source of workplace stress. Nurse and physician perceptions differ; therefore, strategies to address these language barriers should be specific to those professional roles. These barriers create a void in health care quality and safety that has effects on health care professionals. (Index words: Communication; Barrier; Spanish; Stress; Quality) *J Prof Nurs* 22:355–8, 2006. © 2006 Elsevier Inc. All rights reserved.

A MAJOR COMMUNICATION barrier exists in U.S. health care today, and current methods of addressing the problem are incomplete. Although as many as 11% of patients seeking medical care in the United States primarily speak Spanish, the health care system is largely geared to English speakers (Timmins, 2002). Thus, a language barrier is inevitable. We can expect this barrier to become more widespread as immigration of non-English-speaking patients continues and cultural diversity increases, first in large and then in small

communities and hospitals. Because communication in health care is essential, this barrier adversely affects patient care. Robledo, Wilson, and Gray (1999) reported that Hispanic mothers faced language barriers that affected treatment of respiratory illnesses in children. Non-English speakers are also more likely to report problems with care, communication, and diagnostic tests than are English-speaking patients (Carrasquillo, Orav, Brennan, & Burstin, 1999).

Language barriers not only affect health care quality but also increase cost (Koff & McGowan, 1999). Increased emergency department visit durations and increased resource utilization have been reported (Hampers, Cha, Gutglass, Binns, & Krug, 1999), including a threefold increase in the use of abdominopelvic computed tomography scanning in non-English-speaking patients in the evaluation of abdominal pain in the emergency department (Waxman & Levitt, 2000).

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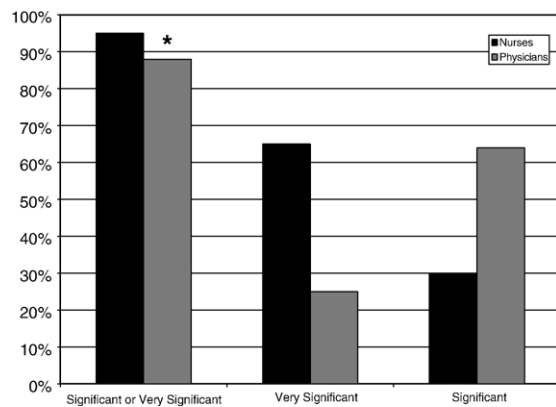


Figure 1. Perception of language barrier as an impediment to delivery of quality of care. Acute care nurses ($n = 61$) and physicians ($n = 36$) were asked to rate the significance of the language barrier. Most respondents indicated the language barrier as significant or very significant. Nurses were more likely to consider it so ($*P = .0004$ compared to nurses).

What has not yet been determined is the effect of this language barrier on health care professionals. Nurses and physicians must be effective communicators. Communication is necessary not only to gain information but also to convey it, both information of an objective nature and for the purpose of comforting. The language barrier itself removes from staff their ability to perform basic communication, akin to tying their hands, and may create significant stress. Frequency, manner, and health care professional perceptions of language barriers in acute care are unknown. We hypothesize that language barriers occur frequently in the acute care environment and that these barriers create workplace stress.

Methods

The University of Kentucky (UK) Hospital is a 473-bed tertiary referral medical center serving central, eastern, and southern Kentucky with a referral population base of 1.4 million. The medical center includes an American College of Surgeons (ACS)-verified Level I trauma center and there are 56 adult critical care beds. Approximately 13% of the central Kentucky population is estimated to be Hispanic, surpassing African Americans as the largest minority, and the UK Medical Center serves a growing, non-English-speaking Hispanic population. Nearly 1,000 admissions to our center last year (4.6%) were Hispanic. The increasing number of non-English-speaking patients being admitted prompted the researchers to examine the effects on health care providers. A single survey tool was designed and distributed to both acute care nurses from the critical care and ward areas and to surgical physician staff. Surveys were then completed and returned anonymously. Results were tabulated and analyzed using paired t tests on SAS software. Respondents were asked to list the sources of their perceived stress. If multiple sources were listed, the first was

included in the data analysis. Responses from those who listed no stress were eliminated.

Results

Invited to participate were 56 nurses, 7 nursing assistants, and 36 physicians. Nurses and nursing assistants were grouped together and this group will hereafter be termed "nurses." Response rates were 97% for nurses and 100% for physicians. Of those responding, 90% of nurses and 86% of physicians reported caring for patients in their practice who primarily speak Spanish. Acute care ward nurses comprised 21% of those responding and 79% work primarily in critical care. Of responding physicians, 98% were surgeons or surgical house staff, whereas 2% (1 physician) were emergency medicine residents.

Nurses and physicians were similar in their underlying command of the Spanish language with 44% of professionals in both groups reporting knowing more than 10 words in Spanish. Only 5% of nurses and 3% of physicians reported having attended a formal medical Spanish course in the past.

Nurses and physicians were different, however, in the extent to which they perceived the language barrier as an impediment to delivery of quality of care (Figure 1). Surveys show 95% of nurses but only 88% of physicians perceived the language barrier as either significant or very significant ($P = .0004$). Furthermore, 65% of nurses and only 25% of physicians considered the barrier to be a very significant impediment to quality of care, whereas 30% of nurses and 64% of physicians considered the barrier as only significant.

More discrepancy between nurses and physicians was identified when respondents were asked about stress levels with regard to the language barrier (Figure 2). Although the majority of respondents in both groups of professionals reported some stress related to the language barrier, nurses were significantly more likely

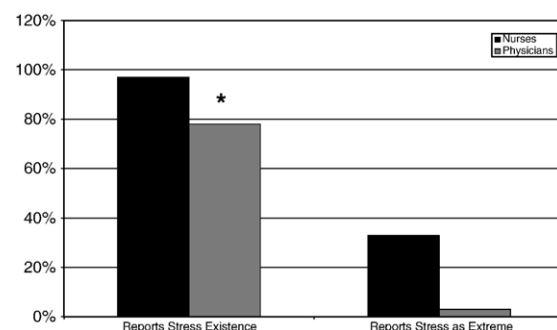


Figure 2. Stress related to the language barrier. Acute care nurses ($n = 61$) and physicians ($n = 36$) were asked to rate their stress related to caring for patients with whom there existed a language barrier. Most respondents indicated some stress related to the language barrier but nurses reported this more often than physicians ($*P < .0001$ compared to nurses). Nurses were also 11-fold more likely to report the stress as extreme.

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